

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <input type="text"/>	2 Fiscal Year Covered From <input type="text"/> 7 / 1 / 2004 Through <input type="text"/> 12 / 31 / 2004
3 Name and address of person filing Name <input type="text"/> ERIC <input type="text"/> M <input type="text"/> STROM P O Box Bldg Room No If any <input type="text"/> SUITE 1 Street <input type="text"/> N 25 W 83055 PAUL RD City <input type="text"/> PEWAUKEE State <input type="text"/> WISCONSIN ZIP Code + 4 <input type="text"/> 53072	4 Name file number and address of labor organization Name <input type="text"/> CHICAGO REGIONAL COUNCIL OF CARPENTERS Labor Organization File Number <input type="text"/> 001-949 P O Box Building and Room Number if any <input type="text"/> Street <input type="text"/> 12 E ERIE STREET City <input type="text"/> CHICAGO State <input type="text"/> IL ZIP Code + 4 <input type="text"/> 60611
5 Position in labor organization <input type="text"/> BUSINESS AGENT	

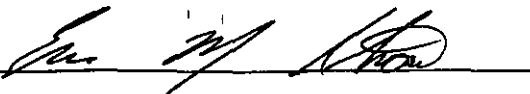
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No If any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7 a. Nature of Interest Transaction or Income <input type="text"/> 7 b Amount <input type="text"/>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed



On

8-13-05
Date

414-423-9040
Telephone Number

Name of Person Filing	File Number U-
-----------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name WITFIELD & McCANN
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any Suite 1601
 Street 2 NORTH LASALLE
 City CHICAGO
 State ILLINOIS ZIP Code + 4 60602

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

RECEIVED HAM AT HOLIDAYS
12/04

11.b. Approximate dollar value of such dealing.

1144.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14.a. Nature of payment.

14.b. Amount of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM 30 Report.

 8-13-05
Signature Date